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TRANSMITTAL FORM (to be used for all correspondence after initial filing)	Application Number	10/780,342 ✓	
	Filing Date	February 17, 2004	
	First Named Inventor	Christopher J. Misorski	
	Art Unit	3617	
	Examiner Name	Lars A. Olson	
Total Number of Pages in This Submission	9	Attorney Docket Number	1636-00564 (M09719)

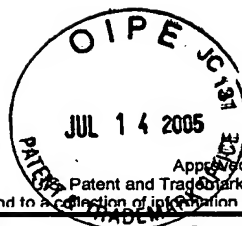
ENCLOSURES (Check all that apply)		
<input checked="" type="checkbox"/> Fee Transmittal Form <input type="checkbox"/> Fee Attached	<input type="checkbox"/> Drawing(s) <input type="checkbox"/> Licensing-related Papers	<input type="checkbox"/> After Allowance Communication to TC
<input checked="" type="checkbox"/> Amendment/Reply <input checked="" type="checkbox"/> After Final <input type="checkbox"/> Affidavits/declaration(s)	<input type="checkbox"/> Petition <input type="checkbox"/> Petition to Convert to a Provisional Application <input type="checkbox"/> Power of Attorney, Revocation Change of Correspondence Address	<input type="checkbox"/> Appeal Communication to Board of Appeals and Interferences
<input type="checkbox"/> Extension of Time Request <input type="checkbox"/> Express Abandonment Request <input type="checkbox"/> Information Disclosure Statement	<input type="checkbox"/> Terminal Disclaimer <input type="checkbox"/> Request for Refund <input type="checkbox"/> CD, Number of CD(s) _____ <input type="checkbox"/> Landscape Table on CD	<input type="checkbox"/> Appeal Communication to TC (Appeal Notice, Brief, Reply Brief) <input type="checkbox"/> Proprietary Information <input type="checkbox"/> Status Letter <input checked="" type="checkbox"/> Other Enclosure(s) (please identify below): Return Receipt Postcard
<input type="checkbox"/> Certified Copy of Priority Document(s) <input type="checkbox"/> Reply to Missing Parts/Incomplete Application <input type="checkbox"/> Reply to Missing Parts under 37 CFR 1.52 or 1.53	<input type="text"/> Remarks	

SIGNATURE OF APPLICANT, ATTORNEY, OR AGENT			
Firm Name	Andrus, Sceales, Starke & Sawall, LLP		
Signature	<i>Michael E. Taken</i>		
Printed name	Michael E. Taken		
Date	7/12/2005	Reg. No.	28,120

CERTIFICATE OF TRANSMISSION/MAILING			
I hereby certify that this correspondence is being facsimile transmitted to the USPTO or deposited with the United States Postal Service with sufficient postage as first class mail in an envelope addressed to: Commissioner for Patents, P.O. Box 1450, Alexandria, VA 22313-1450 on the date shown below:			
Signature	<i>Christine S. Lewis</i>		
Typed or printed name	Christine S. Lewis	Date	7/12/2005

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PTO/SB/17 (12-04)

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Effective on 12/08/2004.

Fees pursuant to the Consolidated Appropriations Act, 2005 (H.R. 4818).

**FEE TRANSMITTAL
For FY 2005**☐ Applicant claims small entity status. See 37 CFR 1.27TOTAL AMOUNT OF PAYMENT (\$)**\$0.00****Complete if Known**

Application Number	10/780,342
Filing Date	February 17, 2004
First Named Inventor	Christopher J. Misorski
Examiner Name	Lars A. Olson
Art Unit	3617
Attorney Docket No.	1636-00564 (M09719)

METHOD OF PAYMENT (check all that apply)

☐ Check ☐ Credit Card ☐ Money Order ☐ None ☐ Other (please identify): _____
☒ Deposit Account Deposit Account Number: 01.2000 Deposit Account Name: Andrus, Scales, Starke & Sawall, LLP

For the above-identified deposit account, the Director is hereby authorized to: (check all that apply)

☐ Charge fee(s) indicated below ☐ Charge fee(s) indicated below, except for the filing fee
☒ Charge any additional fee(s) or underpayments of fee(s) under 37 CFR 1.16 and 1.17 ☒ Credit any overpayments

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FEE CALCULATION**1. BASIC FILING, SEARCH, AND EXAMINATION FEES**

Application Type	FILING FEES		SEARCH FEES		EXAMINATION FEES		Fees Paid (\$)
	Fee (\$)	Small Entity Fee (\$)	Fee (\$)	Small Entity Fee (\$)	Fee (\$)	Small Entity Fee (\$)	
Utility	300	150	500	250	200	100	_____
Design	200	100	100	50	130	65	_____
Plant	200	100	300	150	160	80	_____
Reissue	300	150	500	250	600	300	_____
Provisional	200	100	0	0	0	0	_____

2. EXCESS CLAIM FEES

Fee Description	Fee (\$)	Small Entity Fee (\$)
Each claim over 20 or, for Reissues, each claim over 20 and more than in the original patent	50	25
Each independent claim over 3 or, for Reissues, each independent claim more than in the original patent	200	100
Multiple dependent claims	360	180

Total Claims 18 - 20 = _____ **Extra Claims** _____ **Fee (\$)** _____ **Fee Paid (\$)** \$0.00
HP = highest number of total claims paid for, if greater than 20
Indep. Claims 5 - 5 = _____ **Extra Claims** _____ **Fee (\$)** _____ **Fee Paid (\$)** \$0.00
HP = highest number of independent claims paid for, if greater than 3

3. APPLICATION SIZE FEE

If the specification and drawings exceed 100 sheets of paper, the application size fee due is \$250 (\$125 for small entity) for each additional 50 sheets or fraction thereof. See 35 U.S.C. 41(a)(1)(G) and 37 CFR 1.16(s).

Total Sheets _____ **Extra Sheets** _____ **Number of each additional 50 or fraction thereof** _____ **Fee (\$)** _____ **Fee Paid (\$)** _____
_____ - 100 = _____ / 50 = _____ (round up to a whole number) x _____ = \$0.00

4. OTHER FEE(S)

Non-English Specification, \$130 fee (no small entity discount)

Other: _____

SUBMITTED BY

Signature	<u>Michael E. Taken</u>	Registration No. (Attorney/Agent)	<u>28,120</u>	Telephone	<u>414-271-7590</u>
Name (Print/Type)	<u>Michael E. Taken</u>			Date	<u>7/12/2005</u>

This collection of information is required by 37 CFR 1.136. The information is required to obtain or retain a benefit by the public which is to file (and by the USPTO to process) an application. Confidentiality is governed by 35 U.S.C. 122 and 37 CFR 1.14. This collection is estimated to take 30 minutes to complete, including gathering, preparing, and submitting the completed application form to the USPTO. Time will vary depending upon the individual case. Any comments on the amount of time you require to complete this form and/or suggestions for reducing this burden, should be sent to the Chief Information Officer, U.S. Patent and Trademark Office, U.S. Department of Commerce, P.O. Box 1450, Alexandria, VA 22313-1450. DO NOT SEND FEES OR COMPLETED FORMS TO THIS ADDRESS. SEND TO: Commissioner for Patents, P.O. Box 1450, Alexandria, VA 22313-1450.

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PATENT

IN THE UNITED STATES PATENT AND TRADEMARK OFFICE

Appln. No. : 10/780,342
Applicant : Christopher J. Misorski
Filed : February 17, 2004
Title : Marine Drive Unit
Overmolded With A
Polymer Material

TC/A.U. : 3617
Examiner : Lars A. Olson

Docket No. : 1636-00564 (M09719)

CERTIFICATE OF MAILING

I hereby certify that this correspondence is being deposited with the United States Postal Service with sufficient postage as first class mail in an envelope addressed to: Commissioner for Patents, P.O. Box 1450, Alexandria, VA 22313-1450 *12th* day of *July*, 2005.

Christine S. Lewis 7/12/05
Christine S. Lewis Date

AMENDMENT

Mail Stop: AF
Commissioner of Patents
P.O. Box 1450
Alexandria, VA 22313-1450

Sir:

Following the Notice of Appeal mailed June 29, 2005, and responsive to the Advisory Action mailed June 3, 2005, and further to applicant's Amendment mailed May 23, 2005, please amend the above-identified application as set forth below.

Amendments to the Claims are reflected in the listing of claims beginning on page 2. Claim 33 has been cancelled, in addition to previously cancelled claims 16, 17, 19-22, 24-32. Claims 1, 12 have been amended. Claim 34 is newly added. The Amendment leaves claims 1-15, 18, 23, 34 pending.

Remarks/Arguments begin on page 6 of this paper.